

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585772

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18	1		1			
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
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25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
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33		1		1		
34		1		1		
35	1					
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	63	←		←		←
TOTAL CLAIMS	68					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52	1		1			
53	1		1			
54		1		1		
55		2		2		
56						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	34	←		←
TOTAL CLAIMS			38			